

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000051326

Entity Name: INTERVAL RESORT & FINANCIAL SERVICES, INC.**Current Principal Place of Business:**7812 PALM PARKWAY
ORLANDO, FL 32836**Current Mailing Address:**7812 PALM PARKWAY
ORLANDO, FL 32836 US**FEI Number: 65-0614258****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name AGOSTINI, MARCOS
Address 6262 SUNSET DRIVE
City-State-Zip: MIAMI FL 33143

Title DIRECTOR, VP
Name MARINO, JASON P
Address 7812 PALM PARKWAY
City-State-Zip: ORLANDO FL 32836

Title DIRECTOR, VP
Name HUNTER, JAMES H IV
Address 7812 PALM PARKWAY
City-State-Zip: ORLANDO FL 32836

Title ASST. SECRETARY
Name SILVERMAN, JILL T
Address 6262 SUNSET DRIVE
City-State-Zip: MIAMI FL 33143

Title ASST. SECRETARY
Name VANOS, WILLIAM S
Address 7812 PALM PARKWAY
City-State-Zip: ORLANDO FL 32836

Title ASST. SECRETARY
Name DEPALMA, PATRICIA
Address 7812 PALM PARKWAY
City-State-Zip: ORLANDO FL 32836

Title ASST. SECRETARY
Name FUGGI, CAROL L
Address 7812 PALM PARKWAY
City-State-Zip: ORLANDO FL 32836

Title SECRETARY
Name HERMAN, HAROLD J
Address 7812 PALM PARKWAY
City-State-Zip: ORLANDO FL 32836

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HAROLD J HERMAN**SECRETARY****04/18/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title TREASURER, VP
Name BRAMUCHI, JOSEPH J
Address 7812 PALM PARKWAY
City-State-Zip: ORLANDO FL 32836

Title VP
Name YONKER, MICHAEL E
Address 7812 PALM PARKWAY
City-State-Zip: ORLANDO FL 32836

Title VP
Name BUKKAPATNAM, RAMAN
Address 7812 PALM PARKWAY
City-State-Zip: ORLANDO FL 32836

Title VP
Name TAMARGO, JOSE
Address 6262 SUNSET DRIVE
City-State-Zip: MIAMI FL 33143

Title VP
Name PIGHINI, KATHLEEN A
Address 7812 PALM PARKWAY
City-State-Zip: ORLANDO FL 32836

Title DIRECTOR
Name GUSTAFSON, LORI
Address 7812 PALM PARKWAY
City-State-Zip: ORLANDO FL 32836